

DR. BRILL referred to the fact that von Gudden had obtained re-action of the pupil by the use of intense sunlight after division of the optic nerve, showing ganglionic elements in the iris itself, which are able to function independently.

DR. SEGUIN closed the discussion. He found clinical records opposed to Ferrier's classification, as the dividing line hardly ever passes through the point of fixation in any form of hemianopsia, and he failed to find light on the escape of the macula by any theory of decussation. He was rather inclined to think it dependent upon the structure of the macula which was somewhat ganglionic in character and markedly different from that of the remainder of the retina. Before von Gudden, Brown Sequard had demonstrated the existence of a local mechanism for iris contraction in lower animals, but there was no evidence that such a mechanism was active in the human eye.

DR. NOYES then presented specimens of

COMPOSITE PORTRAITURE IN THE INSANE.

A composite, taken from eight general paretics, was exhibited. This showed in a marked degree the washing out of the lines of the face. Incidentally, Dr. Noyes also exhibited the college composites recently published.

DR. SEGUIN suggested that the Vassar composite had a more womanly character than that of the Harvard Annex.

DR. BIRDSALL agreed in this opinion. The Harvard composite figured an intellectual rather than a womanly being.

The meeting adjourned.



THE PHILADELPHIA NEUROLOGICAL SOCIETY.

A regular meeting of the Philadelphia Neurological Society was held November 28th, 1887, Vice-President Dr. CHARLES K. MILLS in the chair.

DR. J. C. WRIGHT read a note on

ANTIPYRIN AS AN ANALGESIC (see p. 40).

DISCUSSION.

DR. WILLIAM OSLER.—I have used antipyrin in a few cases at the Infirmary for Nervous Diseases, and I regret to say that, on the whole,

my experience does not accord with that of the reader of the paper. Last Wednesday, four cases that had been ordered antipyrin one or two weeks previously, returned, and the uniform statement was that no benefit had been obtained. Two were cases of migraine and two were cases of sciatica. I am well aware that in some cases of sciatica, antipyrin is of undoubted benefit, but other cases appear to resist it. I have used it with success in one case of neuralgia, and in two cases of rheumatism it has had no influence upon the pain. In one case of gastralgia it was entirely inert. Altogether, my experience, which is however quite limited, is not favorable to the use of the drug in painful affections.

DR. WHARTON SINKLER.—I have given antipyrin in two cases of migraine during the paroxysm with marked benefit. I have also met with disappointment in its use. My experience is however not extensive.

DR. CHARLES K. MILLS.—I have used antipyrin, but not to any great extent. I have tried it in epilepsy, and, in general terms, I may say, without success. I have used the drug in two cases of sciatica. In one case it did not succeed, but in that case all other remedies failed, and I suspect that there is some intra-pelvic trouble. In another case, the patient was benefitted by its use. I recall one case of trigeminal neuralgia in which it was of benefit. I used the drug in one case of recurring headaches, sometimes taking the form of migraine, at other times appearing to be purely neuralgic. In this case, antipyrin was of no service. It seems to be of some use in purely neuralgic affections.

DR. JAMES C. WILSON.—I believe that the statement which I have made in the paper is perfectly true, that is, that antipyrin is destined to take a place in therapeutics second only to the derivatives of opium, as a pure analgesic. I have carefully studied the subject clinically, but the time has not permitted the narration of cases in detail. I should, however, like to refer to one illustration of the effect of the drug. Two days ago, I saw a case of migraine in a child eight or nine years of age. He had been living in the South, and had suffered with severe malarial outbreaks from time to time. The spleen was enlarged and the general health was considerably undermined. The child was suddenly seized with well-marked symptoms of migraine, and these had continued six or eight hours when I saw him. I ordered four grains of antipyrin, to be repeated in an hour if necessary. The first dose caused decided relief, and the second was followed by complete cessation of the pain. The child fell asleep, and

in a few hours awoke in his usual condition. Other cases similar to this have presented themselves to my attention.

While the drug relieves the paroxysm, it is not to be depended upon to cure the underlying condition to which the pain is due. The true use of a drug of this kind is to be found in its restricted application.

DR. WM. OSLER next presented a note on

NITRO-GLYCERINE IN EPILEPSY (see p. 38).

A paper was read by DR. F. N. DERCUM on

OIL OF GAULTHERIA AND SALOL IN RHEUMATISM OF NERVES AND MUSCLES.

(See p. 33.)

DR. J. H. MUSSER.—While not bearing directly on the subject of the paper, I would say that I have found salol of extreme benefit in rheumatic arthritis. I have now in mind a case which has been under observation for several months, and therefore the effect of diet, rest, and general tonic treatment can be eliminated. This patient has been taking salol for four weeks, and has been greatly benefited. The pains have almost entirely disappeared, and, in addition, the joints have become limbered and the thickening and infiltration has diminished. In a second case there has also been improvement, although the remedy has not been continued so long. The dose in the first has been five grains every three hours. This has caused no disturbance of the stomach and no marked physiological effects. In the second case this dose produced marked symptoms, and had to be reduced to five grains three times a day.

DR. CHARLES K. MILLS.—I have used the oil of gaultheria quite extensively during the past year in the class of cases referred to by Dr. Dercum: that is, where the affection is not directly neuralgic, but rather a form of neuritis, usually rheumatic neuritis. I have also used the oil of gaultheria in combination with salicylate of sodium. This has been usually efficacious in these cases. My experience is that it is not so useful in chronic cases as in the acute or subacute. I have had two or three remarkable successes with this drug. A gentleman applied to me with a severe pain in the neck, which had continued ten days, with also slight toticollis. Ten minims of oil of gaultheria, with five grains of salicylate of sodium, dissipated the pain entirely. He took a few more doses, and has had no return of the trouble. In another case where, with pain over the brow, undoubtedly due to supra-orbital neuritis, three doses entirely relieved the trouble.

DR. JAMES HENDRIE LLOYD.—I should like to ask, in connection with this discussion on neuro therapeutics, if any of the members have observed benefit follow the use of these drugs—antipyrin, oil of gaultheria, and salol—in cases of neuritis of traumatic origin.

DR. WILLIAM OSLER.—With reference to the oil of gaultheria, I have been more and more impressed with its efficacy in rheumatism the more I have used it. It has rarely failed me. I have one case under treatment at the present time, in which it has proved inert. In this case, salol and salicylate of sodium have also failed. The only difficulty is in its administration. Patients turn against the drug, and it is only with great difficulty that they can be induced to continue it more than a week or ten days.

DR. JAMES C. WILSON.—I have found oil of gaultheria of decided benefit in the sub-acute and lingering forms of rheumatism, much more so than in acute attacks. I have, however, not been able to administer such large doses as Dr. Dercum has mentioned. This has been more on account of the disagreeable symptoms produced than on the account of the disturbance of the stomach. I have given the remedy in capsules containing five minims of the oil. Of these I have ordered two or three, three times a day. In a case recently under observation, I have been able to give the drug only twice a day. This patient takes three capsules after breakfast, and five or six capsules just before retiring. The disagreeable effects of the drug usually subside before morning.

I used salol last winter quite extensively. I had no trouble as regards the stomach, but the doses required were so large and the cost was so great, that patients objected to it. I have usually employed the remedy in pill form, but occasionally have used emulsion. While it has not a strong and penetrating taste, the flavor is disagreeable.

With reference to Dr. Lloyd's question, I would say that in a case of traumatic neuritis, I tried antipyrin without any benefit whatever.

DR. JUDSON DALAND.—I would mention the fact that the disagreeable taste of the salicylate of sodium can be greatly lessened by dissolving it in the compound tincture of cinchona. One drachm of the latter will dissolve ten grains of the former.

DR. H. A. HARE.—It has been proven by recent physiological experiments that the effects produced upon the special nerves, such as deafness and amaurosis, the salicylates and quinine are partially due to the action of the drugs upon the peripheral ends of the nerves. It has not been proved that the peripheral ends of the nerves of other

parts of the body are similarly affected. But such an action might explain the results which have been reported.

The fact that salol acts so much more slowly than the other drugs may be because it is absorbed by the small intestine. Ewald has taken advantage of this in studying cases of so-called motor palsy of the stomach. By giving salol he could determine the exact time at which the food left the stomach; for as soon as the drug reached the duodenum, it was absorbed and appeared in the urine.

In reply to Dr. Dercum, Dr. Hare stated that he believed salicylic acid and its compounds circulated in the blood in the form of salicylates, more especially of soda, and a very large part of it was eliminated as salicyluric acid. In some experiment performed with Dr. Wood, it was found that where oil of gaultheria was given, even in large amounts, no unchanged oil escapes from the kidneys.

Dr. WM. OSLER presented

MICROSCOPICAL SECTIONS FROM A CASE OF GLIOMA OF THE MEDULLA OBLONGATA.

Dr. J. K. MILLS, for Dr. F. X. Dercum, presented a brain containing a hæmorrhagic cyst limited to the lenticular nucleus and the adjoining border of the internal capsule.

Dr. J. H. MUSSEY exhibited sections from a sarcoma of the brain, which had produced no symptoms.

Adjourned.

Meeting of December 19, 1887.

VICE-PRESIDENT, DR. CHARLES K. MILLS, IN THE CHAIR.

Dr. THOMAS J. MAYS read a paper on

THEINE IN PAIN (see p. 44).

DISCUSSION.

Dr. CHARLES K. MILLS.—A few months ago, I began the use of theine, ordering it in almost every case of neuralgia, superficial neuritis or lumbago that came to the polyclinic service, and also using it at the Philadelphia hospital. I have used the drug probably in about fifteen cases, but I have not had time to prepare notes of them for this meeting. I recall three cases of sciatica, two of which were of